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Bib Data Sheet

CONFIRMATION NO. 5350

SERIAL NUMBER 09/924,319	FILING DATE 08/08/2001 RULE	CLASS 424	GROUP ART UNIT 1616	ATTORNEY DOCKET NO. MCP-0289
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APPLICANTS

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**** CONTINUING DATA *******
THIS APPLICATION IS A CIP OF 09/390,813 09/07/1999 ABN

**** FOREIGN APPLICATIONS *******
none

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
**** 08/24/2001**

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature: <i>[Signature]</i> Initials: <i>[Initials]</i>	STATE OR COUNTRY PA	SHEETS DRAWING	TOTAL CLAIMS 17	INDEPENDENT CLAIMS 6
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ADDRESS
000027777

TITLE
Laxative composition

FILING FEE RECEIVED 1080	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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